

Case Number:	CM14-0143873		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2012
Decision Date:	10/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 32 year old female who was injured on 06/14/2012. The mechanism of injury is unknown. She has been treated conservatively with 12 sessions of physical therapy which has not provided any relief of symptoms, lumbar epidural steroid injections, and home exercise program. Prior medication history included Ultram, Flexeril, Norco, Protonix, cyclobenzaprine, and Pantoprazole. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/19/2013 revealed settling and damage at the levels of L4-L5 and L5-S1. Progress report dated 08/18/2014 documented the patient to have complaints of low back pain and bilateral leg pain. She reported she has had an epidural injection in the past and that did not help with alleviating the pain. She reported her pain as 6-10/10. Objective findings on exam revealed plantar flexors and Dorsiflexors are weak on the right leg at 4/5 and on the left, strength is 4+/5. She had decreased sensation at the level of L5 and S1 distribution on the right leg. The patient was recommended for an epidural injection to the lumbar spine at the level of L4-L5. Prior utilization review dated 09/02/2014 by [REDACTED] states the request for L4-L5 Epidural Steroid Injection is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L4-L5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46.

Decision rationale: According to the CA MTUS, ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Guidelines also indicate that repeat ESI is not warranted if the patient does not have at least 6 weeks of >50% pain relief. Since the medical record state that past ESI was ineffective, repeat lumbar ESI is not medically necessary according to the guidelines.